NAME AND ADDRESS	OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
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•.	1514 W. Manchester AVE # 5		
	Los Angeles CALIF, 90047		1
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ATTORNEY FOR:			RICHMOND DIVISION
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i am over	the age of 18 and not a party to this action. I am	n a resident of or	employed in the county whe
mailing oc	cuirred. My residence or business address is: 1514	W. Manchest	er AVE
	Los	Angeles CALI	F, 90047

I served a copy of the following documents (list documents): Proof of Claim

\*\*\*\*\*\* & CERT. INFO(CERT Received)

by placing a true copy of each document in the United States mail, in a sealed envelope with postage fully prepaid, as follows:

- a Date of deposit: 01-21-2009
- b. Place of deposit (city and state): Los Angeles CALIF.
- c. Addressed as follows: Pension Benefit Guarantee Corporation 1200 K Street. NW Washington, DC 20005

on (date), at (place)	Los Angeles California
Linda Jones Type or Print Name	finds form

NAME AND ADDRESS	OF ATTORNEY:	TEL EDISTRIC MEL.	FOR COURT USE ONLY
	VINCENT E. RHYNES	(310)329-4254	
	1514 W. Manchester AVE # 5	•	
•	Los Angeles CALIF, 90047	•	
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t declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date)

Linda Jones

Type or Print Name

Linda Jones

Type or Print Name

ATTN: Robert B. Man Arsdale, ESQ.

	ATTORNEY:	1340	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		FOR COURT USE ONLY
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HATIONAL FINANCIAL SERVICES LLC 7.0. BOX 775 BOWLING GREEN STATION 4EW YORK, NY 10274-0775

DATE ISSUED 01/08/2009 10200 QUANTITY CUSIP NUMBER 172737108 SECURITY DESCRIPTION CITYGPCOM<

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STRATION NAME AND ADDRESS

RHYNES MANCHESTER AVE APT 5 SELES CA 90047-5427

MAIL 70:

TAXPAYER NUMBER

REFERENCE NUMBER

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CA 90047-5427 VINCENT RHYNES 1514 W MANCHESTER AVE APT 10S ANGELES CA 90047-542

IMPORTANT INFORMATION SEE REVERSE SIDE

AND PUT IT WITH YOUR TAX RECORDS

DETACH THIS TRANSMITTAL COPY

FOR YOUR RECORDS AND FOR POSSIBLE INCOME TAX PURPOSES WE SUGGEST THAT YOU FILL IN:

DATE PURCHASED:

AMOUNT PAID

YOUR SECURITIES ARE

PROTECT THEM VALUABLE

THE MAIL. THE TAXPAYER NUMBER APPEARING ON THIS FORM HAS BEEN BER SHOULD BE CHANGED, PLEASE SEND THE PROPER NUMBER TO THE CORRECT THE RECORDS ACCORDINGLY, SHOULD YOU DESIRE TO SELL YOUR SECURITIES AT ANYTIME, WE WOULD BE PLEASED TO HANDLE THE HEREWITH SECURITIES TRANSFERRED AS PER YOUR INSTRUCTIONS. THE CONTENTS OF THIS PACKAGE ARE INSURED FOR REPLACEMENT IF LOST IN SUBMITTED TO THE TRANSFER AGENT AS THE IDENTIFYING NUMBER OF THE NAME APPEARING ON THE CERTIFICATE. WILL YOU PLEASE VERIFY THAT THIS IS THE CORRECT NUMBER FOR THE NAME SHOWN, IN THE EVENT THE NUM-TRANSFER AGENT SHOWN ON THE SECURITY CERTIFICATE AND HE WILL **FRANSACTION FOR YOU.**  COMMON STOCK

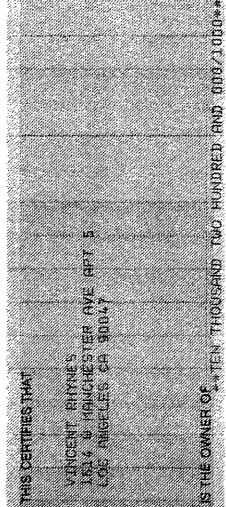
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SEE REVERSE FOR CERTAIN DEFINITIONS

## CIRCUIT CITY STORES, INC. — CIRCUIT CITY GROUP



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